

Boris E. Goldman MD

32 Imperial Ave, Westport, CT 06880

203-222-3700

Bgoldma@sbcglobal.net

February 20, 2023

Re: Governor's Bill SB 983, An Act Limiting Anticompetitive Health Care Practices.

As a board certified Plastic Surgeon that provides in and out of network care, serves as Section Chief of Plastic Surgery at a community hospital, and runs a small business, I hope to provide testimony showing that Bill 983 as currently written will limit patient access to specialty care, harm our community hospitals and hurt my small business.

The Governors proposed bill is titled SB 983 An Act Limiting Anticompetitive Health Care Practices. Physicians do not engage in "Anti-competitive contracting practices". Per the 2023 Legislative fact sheet, the Governors's proposed bill seeks to outlaw Anti-tiering clauses, Anti-steering clauses, and All-or-Nothing clauses. Physicians have nothing to do with any of these clauses. Yet, the proposed bill, as written, will mandate that all out of network physician reimbursements will be set at a maximum of Medicare rates; see lines 159-174 of Governor's Bill 983.

I currently provide in network and out of network care. Like most of my colleagues, I choose to participate or not participate with an insurance network, based on their having a fair and reasonable reimbursement fee schedule. If SB 983 passes, which serves to limit out of network reimbursement to a maximum of Medicare reimbursement, I will no longer be able to provide cutting edge specialty care in Connecticut. I lose money on every Medicare patient I treat. Suffice it to say that on an hourly pro rated basis, Medicare reimbursement is far less than my overhead cost; roughly 1/5 th. I accept this financial loss from Medicare, in order to provide care for our elderly and most needy. However, I will not be able to accept this loss for all out of network reimbursements, on behalf of a for profit insurance company. The Federal No Surprise Billing legislation currently protects patients by limiting charges for emergency care to in-network rates, regardless of physician network participation.

Further, it requires that patients are provided with a written estimate for elective care, which must be provided to the patient in advance. Patient's thus have the option of seeking out-of network physicians with specialty training and expertise, and obtain such care after signing a No Surprise Billing Waiver. If SB 983, as currently written, passes, patient's will lose this option. Plastic Surgeon's with special expertise, will not be able to provide this care at a maximum of Medicare reimbursement. This will limit patient access to this care, which will disproportionality affect female patients. Connecticut is the only state in the union that currently taxes elective self pay procedures; and this tax is disproportionately borne by women. SB 983, would limit women's access to insurance specialty care; adding insult to injury.

As a solo practitioner, I employ 6 women; 3 of whom are single mothers. I provide health insurance and participation in a 401 k. As a small business owner, my health insurance premiums increase 25-30% annually with higher deductibles; yet as a medical provider, I have seen my reimbursements cut over the same time period. The Governor's proposed bill SB 983, will slash my private insurance reimbursements to a maximum of Medicare rates. As noted, I will either have to leave Connecticut, or cut services and staff to remain financially solvent. In either case, if SB 938 passes as written, women that I employ will lose their jobs and benefits.

While SB 983 currently references limiting physician out of network reimbursements to a maximum of Medicare rates, it will only be a short time before insurance companies limit in network reimbursements to the same Medicare Bench Mark. There is no disincentive for them not do so. Going "out of network" was the only leverage left to physicians that did not agree with decreasing in network reimbursements for their services. SB 983 will eliminate this deterrent by fixing out of network prices to a maximum of Medicare reimbursement. Physician's, especially those with specialty training or skills will either have to leave Connecticut or limit the services they offer. In the end, physicians in private practice are small business owners. Unlike the Federal Government, a small business cannot operate at a financial loss year in and year out.

I am the Chief of Plastic Surgery at Norwalk Hospital; which is a community hospital in Norwalk Connecticut. We serve a broad patient population including the indigent, under insured and uninsured. If SB 983 passes, many Plastic Surgeons will be forced to

leave Norwalk Hospital and seek privileges at hospitals across state lines. As Section Chief, I am concerned that we will not have sufficient Plastic Surgeons to provide on call Emergency Room coverage. In turn, those patients needing emergent care for complex dog bite injuries, burns, complex lacerations, nerve injuries, etc, will need to be referred out to teaching institutions that receive Federal subsidies. Small community hospitals without resident house staff will suffer, due to the loss of Surgical Specialists.

SB 983 as currently written will limit out of network physician reimbursements to a maximum of Medicare reimbursements. The Medicare physician reimbursement fee schedule was never meant to be a bench mark for private, for profit insurance companies. Passing this bill as written will inadvertently harm the very patients it seeks to help. It will limit patient access to specialty care, especially for women; and will hurt our community hospitals.

Respectfully submitted,

Boris E. Goldman MD, FACS

Chief, Section of Plastic Surgery, Norwalk Hospital